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Original Department.

Lecture.

PRESERVATION OF THE MALAR BONE IN OPERATIONS ON THE ANTRUM.

Extract from a Lecture by Prof. W. H. Pancoast, at the Philadelphia Hospital.

REPORTED BY GEORGE FRIEBIS, M.D.

The next patient brought before the class was a young lady, fourteen years of age, Miss Mamie Alexander. The right cheek was very much swollen, so as to nearly close the right eye. Prof. Pancoast let the class see the face as she walked around the arena, and then, opening gently her mouth, pointed out how the whole right upper jaw seemed involved in the swelling, the roof of the mouth pushed downward, and the swelling extending to the suture of the horizontal processes of the superior maxillary, and palate bones. The skin of the cheek was tightly stretched, and as the lecturer gently lifted up the cheek and the corner of the mouth, the rounded tumor could be seen, showing how the outer wall of the antrum of Highmore was pushed out. The first molar had been already drawn before he saw her, and a probe was inserted through its socket into the antrum. The probe end moved with difficulty, meeting with resistance, demonstrating that the tumor involved the cavity of the antrum. The lecturer stated that the patient had been a week under his care, receiving tonic treatment; that he liked always to prepare his patient beforehand for an operation, to regulate the secretions, and have the sufferer in the best condition possible to support the shock of an operation and its consequences. The tumor was considered to be a sarcoma, apt to return, and required a very thorough removal. The patient believed the tumor to be the result of a blow upon the cheek, from a ball, received some months past.

For the successful extirpation of the tumor, the lecturer said it would be necessary to remove the whole upper jaw. The operation is a serious one, and must be carefully performed, to avoid hemorrhage from the internal maxillary artery, or its branches. If bleeding should occur, ligate the bleeding vessels, if possible, in the wound, and it is well not to close the wound immediately, so as to avoid secondary hemorrhage. If secondary hemorrhage should occur, it is better to tie the external carotid artery in the middle triangle of the neck, than to reopen the face and give an additional shock to the patient; and even before closing the wound, if the hemorrhage cannot be successfully controlled, it may become necessary to ligate the external carotid. In the five cases of exsection of the upper jaw that Prof. Pancoast had performed, he said he had secondary hemorrhage in only one. The patient was a gentleman from Kentucky, who had violent hemorrhages from the tumor previous to the operation. The blood flowed freely from the mouth and the nose, and twice his life was in great danger. The wound was not closed for about four hours, but hemorrhage recommenced, flowing mostly from the mouth, and at midnight the lecturer was obliged to ligate the external carotid artery in the middle triangle, successfully checking the bleeding. The lecturer spoke of another case where he removed the left superior maxillary bone, for sarcoma, in a lady seven months gone with pregnancy. The tumor was growing so rapidly that he feared it would kill the patient before she

came to term, yet he dreaded that the shock of an operation might produce an abortion. He induced the patient to consult Prof. Gross and Emeritus Prof. Pancoast. They also feared that an abortion might be the result of the shock, but believed the operation was justifiable. Prof. Pancoast said he performed the operation, and it was not followed by any untoward symptom. The operation was performed under ether, and the deep parts of the wound were seared with the hot iron. No uterine pains occurred, no suppositories of opium were required. The wound healed quickly and completely in ten days, when the patient was discharged from treatment and went home. The lady went her full time and was delivered of a healthy boy.

Prof. Pancoast now showed the class a skull, and pointed out the articulation of the superior maxillary bone with the other bones. How it is fastened posteriorly to the horizontal and vertical plate of the palate bone; at the inner side of the orbit, by its nasal process, to the frontal bone and the os unguis; on the outside by its frontal process, to the frontal bone; and also by a broad one to the malar bone. By this method of articulation the force which is used by the lower jaw upon the upper, in mastication, is not expended upon the upper maxillary bone, but is distributed by these processes all over the egg-shaped skull. In mastication, as you know, it is not the upper jaw that moves, but the lower, the lower acting on the upper as a hammer upon an anvil. It is necessary to understand this anatomical construction, to properly comprehend the operation. In consequence of these attachments of the upper maxillary, the disarticulation of the bone has been accompanied with that of the malar bone; the chisel and hammer, or the long cutting forceps, being applied first upon the nasal process of the bone, then to the external or frontal process, and then to the thin zygomatic process of the malar, at its junction with the zygomatic process of the temporal. The bone is then cut from its fellow, pried down from the orbit, cutting with curved scissors, or the chisel, the superior maxillary nerve, where it enters the infra-orbital canal. Prying still further, or pulling with strong forceps, the bone is separated from, or brings with it a portion of the palate bone, and the exsection is finished.

Years ago, in demonstrating this anatomy, I was always struck with the solidity of the malar bone, in contrast with the other bones of the face. This is a practical anatomical point, showing the evidence of design in forming the skeleton. As the malar bone is the prominent bone, making the support of the cheek, and exposed to blows, it is necessary and well that it should be a solid bone, well buttressed to the skull. If it were spongy, it might still support the cheek, but it would be frequently liable to fracture, and also to inflammation and caries. Again, I noticed in the operation in which it was removed, that, while the superior maxillary was a mere sponge, so broken down was it, yet the malar was solid and apparently unaffected by the disease.

In my second operation, for the removal of the superior maxillary bone, for cancer, I decided that my patient should have the benefit of my observations. I had a big curved needle made, fashioning it on the skull so that it would readily pass through the anterior fissure, in the floor of the orbit, and present readily in the mouth, so that the ligature it carried could pull a chain saw easily through. This is the needle I show you. With the chain saw I readily severed the articulation of the superior maxillary from the malar. It takes but a little more time to do so, and the consequent gain of less disfigurement from the operation, by retaining the malar bone, is great, and not only pleasing to the operator, but very gratifying to the patient.

As the young patient was now etherized, the lecturer proceeded with the operation, first pointing out the position of the parotid duct, shown by a line drawn from the lobe of the ear to a point midway between the ala of the nose and the angle of the mouth, the duct emptying into the mouth opposite the second bicuspid tooth of the upper jaw.

The operator chose a medium-sized well balanced scalpel, two tenacula black silk ligatures, some fine and some very strong, dissecting forceps, a good, strong pair of cutting forceps, and the curved needle armed with a ligature tied to a chain saw.

The patient was placed upright in a chair, so that the blood would flow readily out of the mouth, and not down the throat.

The knife was entered deeply, a half inch behind the external angular process of the frontal bone, and the incision swept down vertically and rapidly to the line of Steno's duct, then parallel with and above the duct, to the right ala of the nose, and then down vertically, completely through the upper lip, just in front of the angle of the mouth. The flaps were turned off the bones with careful and rapid touches of the knife, a coronary artery tied with a black silk ligature, the facial artery caught and held by a pair of arterial forceps, which were left hanging to it. The large curved needle was passed under

the eyeball, on the floor of the orbit, and appeared in the buccal cavity; the chain saw followed it in a moment; the bone was sawed through, separating the superior maxillary bone from the malar. With the large cutting forceps, the nasal process of the bone was cut through, the right incisor tooth was pulled out, and the cutting forceps applied to the roof of the mouth, cutting through the hard palate. With his left hand the operator depressed the bone, and with a pair of curved scissors cut through the superior maxillary bone, separated the soft parts, and removed completely the superior maxillary bone, or remains of it, broken down and mixed with the cancerous mass, making the tumor.

The operation was over within five minutes.

The lecturer now cleaned out the wound, tearing away and cutting off with curved scissors masses which he deemed unhealthy. The arterial forceps was removed, and a black silk ligature was applied on the artery. No other bleeding, except a slight ooze, existed. The wound was carefully examined by the operator and Dr. Janney and Dr. Welsh, who were present.

The wound was pronounced healthy looking, and the tumor considered to be thoroughly removed, by these gentlemen. The cavity was now filled with strips of patent lint soaked in aqua Pagliara in such a way as to leave the ends easily accessible, and the wound closed temporarily. The operator stated that this line of incision was original with him, as well as his method of leaving the malar bone. He has seen them nowhere mentioned, though as there is so little new, probably some other surgeon may also have thought of them.

The operator said he preferred this line of incision, this sweeping, curved incision, as it left as little deformity as possible. The paralysis of the face would become less when the divided nerves united, and this form of incision permitted the flaps to be very accurately united. He also stated that the excision of the superior maxillary bone, together with the malar, is said to have been first performed in France, by Gensoul, and in England, by Lizars. Gensoul's line of operation makes an upper and a lower flap, and the description is not simple. Lizars made a triangular flap, one incision extending down vertically through the nose and the upper lip. Cutting through the nostril is not necessary, and is an additional disfigurement. Fergusson made a V-shaped flap. Warren, Velpeau, Professor Gross and others prefer a semilunar flap. The incision extends from near the zygomatic process of the malar, in a curvilinear direction, to the angle of the mouth. The one just performed more certainly avoids Steno's duct, and, the operator thought, injures fewer branches of the portic dura.

Some three to four hours after the clinic was over, and the patient had thoroughly reacted, the temporary dressing was removed, the flaps opened, the lint withdrawn and the wound found dry. No subsequent hemorrhage had occurred. The wound was examined carefully, and looked healthy, clean and dry. Lint soaked in the aqua Pagliara was again gently introduced, for astringent effect and support to the flaps. These were then neatly and carefully drawn together by interrupted black silk sutures, angle to angle, curve to curve. Only three steel toilet pins were used, one at the upper angle of the wound, one at the ala of the nose, and one through the lip, with oval suture. The incision was closely and completely united, great care being taken to unite the mucous membrane of the lip neatly and accurately. Then very fine black silk sutures were applied on the inside also, the lip being everted during the sewing, and the mucous membrane of the inside as neatly united as on the outside. The operator closed the wound up thus perfectly, to favor union by first intention, as the drainage was free, by the mouth. The line of incision externally was carefully covered by patent lint, saturated with carbolized oil, retained by two broad strips of adhesive plaster. The cheek was ordered to be covered with a solution of lead water and laudanum, and the eye with a weak solution of sulphate of zinc. A hypodermic injection of one-third of a grain of sulphate of morphia was given, and the patient, in a very good condition after such a serious operation, was placed in bed.

NOTE.—Two weeks after the operation the patient walked into the amphitheatre, looking well and cheerful. The sutures had all been removed. The wound was thoroughly united and there was remarkably little deformity. Some suspicious points were removed with scissors and touched with crystals of chloride of zinc.

COMMUNICATIONS.

THE COLUMBIA HOSPITAL FOR WOMEN, WASHINGTON, D. C.

BY HORATIO R. BIGELOW, M.D.

Incorporated by an especial Act, and largely sustained by Congressional appropriations, the Columbia Hospital, having no financial drawbacks, not only grows in popular favor, but is rapidly assuming its place among the foremost institutions of its kind in the United States.

The excellent results attending the operations are largely due to the perfect arrangements of the Hospital itself, as well as to the skill and patient watching of the surgeon in charge, assisted by the advisory board. Out of three hundred and fifty-one consecutive deliveries, there has been but a single death, and this was due to a chronic diarrhœa in a woman suffering with phthisis. So favorable a showing is not to be found in the records of any other maternity hospital that I know of, and is worthy of consideration. The hospital is under the immediate charge of Dr. P. J. Murphy, a gynæcologist of rare ability, assisted by an advisory board, composed of the following gentlemen, each one of whom is distinguished in some especial branch of medicine or surgery. Dr. J. A. Ritchie, President; Dr. Z. T. Sowers, Secretary; Drs. I. O. Stanton, L. Mackall, Jr., J. T. Young, H. C. Garrow, Robert Reyburn and D. R Hagner. No capital operation is ever performed without a full consultation of the advisory board. From the advance sheets of the annual report for the year ending June 30th, 1880, I am enabled to give the following notes of operations and general practice.

Obstetrics.—Maternal mortality, 1. Infantile mortality, 8. Cases of twins, 8. Forceps deliveries, 8. Adherent placentæ, 2. Post-partum hemorrhage, 8. Ante-partum convulsions, 1. Ante- and post-partum convulsions, 1. Prolapsus funis, 1. Breech presentation, 9. Footling, 1. Molar pregnancy, 1. Hydramnios, 1. Still births, 6. Abortions, 7.

Causes of Death.—Maternal: chronic diarrhœa, one. The infantile deaths were from atelectasis pulmonum, premature delivery, congenital syphilis and inanition. Of the still births, one was due to asphyxia in protracted labor; one to ante-partum convulsions; three were syphilitic and premature at four, seven and a half, and eight months respectively; and one, at full term, was advanced in decomposition, supposed to be syphilitic. Of the abortions, two were at five and seven and a half months respectively, and supposed to be criminal; one was at the sixth month and syphilitic; and four were at three, four and a half, five and six months respectively, causes unknown. *In one case of twins, a dead fœtus of about four months was delivered with a living child advanced to the eighth month of gestation.*

Operations.—Adenoma mammæ, 1. Amputation of cervix uteri, 1. Enucleation fibroids uteri, 1. Enucleation fibroma cervicis uteri, 1. Femoral hernia, 1. Fistula in ano, 1. Laceration cervicis uteri, 4. Mammary abscess, 1. Ovarian tumor, 1. Polypus uteri, 1. Recto-vaginal fistula, 2. Rupture perineum, primary 5; secondary 3. Scirrhus mammæ, 2. Tumor from posterior vaginal wall, 1.

Dysmenorrhœa (membranous).—The pain is relieved by suppositories of cannabis indica (⅛ grain of the solid extract) or of the extract of conium. These suppositories are also used to allay the pain and inflammation after operations around the vagina. A solution of chromic acid—one hundred grains to the ounce of water—is passed through the cervix to the fundus, by means of the applicator.

Amenorrhœa.—The treatment is general and local. The general treatment consists, for the most part, in the use of the following pills, which are very efficacious:

℞. Ferri. sulph. exsiccat., gr. xij.
Quiniæ sulph., gr. xxiv
Ext. aloes socot., gr. iij.
Ext. hyoscyami, gr. vj. M.
Et div. in pilulæ, no. xij.

Sig.—One an hour after eating.

If the aloes disturb the bowels, the pills may be omitted for a few days, and resumed if necessary.

Menorrhagia and *metrorrhagia*, occurring without some foreign growth in the uterus, generally depend, either upon a condition of subinvolution of the uterus, or upon a fungoid state of the cervical or uterine canal, and the treatment varies accordingly. Sometimes a small polypus springing from the mucous membrane of the uterine canal is brought into view, by giving thirty minims of Squibb's fluid extract of ergot, three or four times a day, which can be removed when the condition is discovered. Treatment of the fungoid condition will be noticed hereafter.

Endometritis.—In endometritis and cervicitis, where much congestion exists, a drachm or two of blood is drawn from the cervix uteri, by puncturing it. Application is made to the canal—the applicator being carried well up—of the following:—

℞. Acidi carbolici (pur.), ℥j.
Tinct. iodini co., ℥vij. M.

The retroversion which is apt to exist in such cases is overcome by means of a modified Smith pessary. For the vesical tenesmus the copaiba mixture has given great satisfaction:—

℞. Bals. copaibæ,
Spts. ætheris nit.,
Spts. lavandulæ co.,
Liq. calcis, ää M.

Sig.—Teaspoonful four or five times a day.

As an alterative, the muriate of ammonia or the

iodide of potassium may be given. If anæmia be present, the usual practice is to prescribe the iodide of iron in full doses.

Fungoid Conditions of the Endometrium.—The membrane is scraped with a Thomas' curette, and fuming nitric acid is then applied. Dr. Murphy says that he has frequently seen such cases treated with silver nitrate, and that stenosis of the cervical canal very generally resulted. He has never seen any ill results follow the use of nitric acid or chromic acid (100 gr. to 1 oz. of water). In offensive discharges from the vagina, following either specific vaginitis or ulceration of the lining membrane of the uterus or cervical canal, and especially in offensive lochial discharges, the following solution serves a good purpose:—

℞. Pot. permanganatis, ʒj
Pot. chloratis, ʒiij. M.
One powder.

Sig.—Dissolve in a quart of warm water. Then add a teacupful to a quart of tepid water nd use as an injection.

This will control the fetor and arrest the ulcerative process going on in the vagina or external portion of the cervix.

Ulcerations are treated with the chromic acid solution already mentioned. Dr. Murphy says that he has seldom found such a thing as ulceration unless following parturition. There is usually nothing but a loss of epithelium covering the cervix and extending into the canal, unless such ulceration be produced by syphilitic virus.

Puerperal Fever.—Isolated cottages, for the accommodation of ten patients, are in process of erection, which will be used in cases of blood poisoning. This disease has been treated with marvelous success by injecting into the uterus, through a double canula, the solution of carbolic acid and iodine mentioned under the head of endometritis, using from thirty to fifty drops to a pint of water at one time, giving from fifteen to twenty grains of quinine as occasion may demand.

Post-partum hemorrhage is controlled by injections of hot water, or preferably of hot vinegar, which has sufficed in every instance.

Mammitis.—This has been arrested in almost every case by the application of *iced* cloths to the breast when the symptoms are first discovered. The method of applying the cloths is of the greatest importance. Three or four thicknesses of ordinary muslin are to be wrung out of ice water, as dry as possible; this is to be covered with oil silk or thin rubber, followed by the application of the suspensory bandage sufficiently tight to make firm compression without interfering with respiration.

Ovariotomy.—Of the six cases operated upon there has been but one death. This occurred on the tenth day, and was due to congestion of the lungs. The treatment of the pedicle and the application of Listerism are the points worthy of attention. The intra-peritoneal method has always been followed with the most gratifying results. It is in keeping with the common-sense way of dealing with large wounds; for the less complicated a method is, the better is the subsequent condition of the patient. When the pedicle is returned into the abdominal cavity, especially when the plan of Lister is carried out accurately and carefully, all the dangers which are to be feared either by clamp or cautery are averted. Chinese silk has always been used to ligate the pedicle, which ligation is performed by transfixing the pedicle and tying it in two parts, if it be not wide, and in several parts if it be unusually broad.

In the last case operated upon, May, 1880, the temperature of the patient never went above 100°, and in two weeks following the operation she was out of bed. The bloody, serous discharge from the drainage tube, which is always placed in the lower angle of the incision, never gave out the faintest odor, though sixteen ounces of it were collected. No opiates were required. For the first three days the diet consisted of milk, with an occasional small quantity of brandy, and thereafter was varied to suit the taste of the patient. The bowels moved of their own accord on the third day, and no disturbance followed.

Dispensary Practice.—Between one thousand and fifteen hundred patients are treated at the dispensary every year, the medical service being voluntarily given by the different members of the Advisory Board, assisted by Dr. Murphy. A favorite prescription of Dr. Young for chronic bronchitis and chronic phthisis has been—

℞. Ext. cannabis indicæ, fl.,
Alcoholis, āā ʒj
Syrupi acteæ co.,
Syrupi pruni virg., āā ʒvij. M.

Sig.—A teaspoonful every four hours.

Sixteen minims of dilute hydrocyanic acid may be added, at the discretion of the physician. In purulent ophthalmia the usual formula is the salicylate of soda, ten grains, pure water, one ounce. This is to be dropped into the eyes every three hours, after cleansing them with the douche. In dyspepsia, especially in that form

of it which is attended with vomiting in pregnant women, Dr. Sowers has used with the greatest success ten-grain doses every two hours, of Warner's ingluvin. The most severe cases seem to yield under its administration.

The successful working of the hospital has been largely due, I take it, to the harmonious relationship existing between the surgeon in charge, his advisory board, and the committee of management. Opinions are interchanged, a courteous deference is given by a majority to the expression of the minority, and a sense of his responsibility seems to actuate each member of the staff in the discharge of his duties. Washington has a great and constantly enlarging need of just such a charity, and the Columbia Hospital is meeting the emergency as fast as its means will permit.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINICAL LECTURE BY DR. JACOBI.

Reported for the Medical and Surgical Reporter.

Pharyngeal Catarrh.

The first case brought into the clinic was a little girl ten years old.

What is the matter with you? "I have a bad cough." When do you cough most? "In the daytime." Do you sleep well at night? "Yes, sir." What time of day does your cough trouble you most? "In the morning when I wake up."

She coughs most during the daytime, she says. The trouble is not, therefore, dependent on bronchial or pulmonary mischief, for if that were so she would be compelled to cough at night, on account of the accumulation of mucus in the tubes. She says she coughs most when she wakes up in the morning. This cough, therefore, must be the result of some accumulation during the night, taking effect in the morning, compelling her to get rid of it then. It cannot be an accumulation of mucus in the larynx, for it is not possible that the larynx would tolerate any accumulation without the resulting irritation setting up such a cough as to wake her.

This mucus collects in the pharynx, and this cough is of pharyngeal origin. When you have a history of a cough which is troublesome only in the morning, look for chronic pharyngitis. She has had this cough for two years, but there is no disease of the chest which would last as long as this and yet produce no marked constitutional symptoms, except this pharyngeal catarrh.

I have no doubt that when I examine the throat I shall find that she has enlarged tonsils also. Yes; she has two immense tonsils, deeply grooved.

The tonsil is a conglomerate of follicles which communicate with the surface by about a dozen orifices, which are the mouths of the ducts. When the mucous membrane becomes the seat of chronic inflammation and hypertrophy, there are present a number of grooves or valleys, at the bottom of which are the mouths of these ducts. The tonsil does not attain this large size, and present this general appearance, as the result of a single inflammation. She has had, perhaps, several acute inflammations and abscesses; for when you have an abscess in a tonsil, it may return again and again, because it affects a single follicle only, and as a result of successive inflammations, attain the large size which you see in this case before you. What is to be done for a case like this? Ordinarily, I should excise the tonsils at once, but at present there is a great deal of diphtheria in the city; and should I excise now, the wound might become diphtheritic, so it is better, for the present, to let operating alone. I will order the use of chlorate of potash this week, and perhaps remove the enlarged glands next week, if the circumstances are favorable.

At the same time, there is here also nasal catarrh. There is almost always nasal catarrh where there is pharyngeal catarrh. Indeed, very frequently, it is the nasal catarrh which is the cause of the pharyngeal. The best treatment for the nasal catarrh is summed up in two words —absolute cleanliness. The nose must be regularly washed out with tepid water in which a little salt has been dissolved. The solution is to be a weak one, not stronger than from a half of one per cent. to one per cent. of salt. This solution is to be snuffed up into the nostrils, until it can be spit out through the mouth. In this way a tumblerful of the solution is to be used three or four times a day. Formerly I used to use the nasal douche in this class of cases constantly, and without fear, but now I no longer resort to it; for years I have not made use of it. In forty-nine cases you may use the douche with impunity, but in the fiftieth you will have as a result otitis media, with perforation of the tympanum and perhaps deafness. This is rather a heavy price to pay for your success in the other cases. It is much better to let the patient snuff up the salt and water as I have indicated, and you may direct him to put into a tumblerful of water half a teaspoonful of salt and vary the frequency of the application, according to the severity of the case.

This constant washing out prevents the mucus from collecting in the nasal passages and getting rancid. As a rule, cases will get well in two or three months. If you wish to make use of some medicinal application, I think nitrate of silver is the best. I use it almost exclusively. Now, there is no more dangerous practice than the use of nitrate of silver in stick or in concentrated solution. There are many chronic cases which I have seen, in which the mucous membrane presents a peculiar appearance. It is shiny, hard, not moist, and thin. This condition is incurable and is the frequent result of strong solutions of nitrate of silver. Here the effect produced has been caustic, not alterative, and has resulted in a cicatricial condition in the surface to which it has been applied. Where a mild solution is used the effect is altogether different. Under the microscope the fluid may

be seen to find its way into the interior between the epithelial cells. It really changes the mor bid circulation into a healthy one. The strength of a solution to produce such an effect ought not to be more than from a quarter to two grains of the nitrate to an ounce. The same thing is true of solutions which are meant for the bladder. I must remind you of the fact that a great deal of harm can be done by the use of concentrated solutions, and never more good than by mild ones. As a rule, I use a solution of one-fifth to one-tenth per cent., that is about one-half to one grain. This I inject twice a week, seeing that it enters the pharynx properly. Then, during the intervals, let the patient attend to the salt and water washing himself.

Stronger solutions than these which I have mentioned give pain. These do not, only creating a slight uneasiness. Such a point as this seems a trifle, but it is a trifle worth remembering. Recollect, that it is by attention to trifles you will be able to cure disease. It is not the extraordinary and brilliant operations, the feats of medicine, which insure success in the treatment of disease, so much as this strict attention to trifles.

For the pharyngeal catarrh here I should use the spray. The tube I should introduce through the nose. When you do that, remember that the floor of the nasal cavity is parallel with the surface of the earth. Then, when the spray has been introduced let the patient inhale once or twice. When they feel the spray in the mouth I usually cease. Then if I look into the throat I see on the pharyngeal wall a slight, whitish discoloration, nothing more.

Imperforate Anus.

I now show you a specimen, consisting of the lower bowel, taken from a case of imperforate anus. The child in which this malformation existed died yesterday, with symptoms of obstruction, having lived only two days. There are several ways in which this malformation may occur. The anal orifice is formed in the fœtus by an invagination of the outer surface, the tube thus formed meeting and uniting with the rectum. The septum between the two tubes becomes absorbed, and the lumen of the tube is complete. Now, sometimes this septum does not become absorbed. It may exist, at the anal orifice itself, obstructing the bowel at its very entrance; or again, the anus itself may be normal, yet this septum may exist unabsorbed, some distance up the bowel, an inch or an inch and a half. Here the ends of the tubes have met and united, but the septum has not been absorbed. Again, the two tubes may not meet at all, but may be separated altogether by areolar tissue. Or again, instead of meeting end to end, they may meet sideways, and so touch only at one point. I remember operating on such a case some years ago, where the intestines touched at the side only. I put in a trocar and meconium oozed from the wound. I then put in a dilator and dilated, but in two days the child died, of peritonitis. I made a post-mortem examination, and found that because of this sidewise manner of meeting I had passed the trocar into the intestine, but also into the peritoneal cavity, into which the meconium had escaped, giving rise to fatal peritonitis; and so, although the operation rendered the canal pervious, yet it resulted fatally because of this accident.

Vesical Calculus.

The next patient is a little boy, six years old. What is the matter with him? "He has great trouble in passing water, and he wets the bed at night." Does it hurt him to pass his water? "Yes; very much; and he passes lots of blood sometimes. He strains so hard too, sometimes, that his bowels move as well."

This may mean catarrh of the bladder, coincident with stricture. That is, similar symptoms might be produced by such a state of affairs. When blood is passed with the urine, it may come either from the bladder or urethra. Should it proceed from the kidneys, the urine would have a smoky appearance, although there have been cases of renal hemorrhage where the blood has settled from the urine in the bladder, and been expelled in clots; but usually it is diffused through the whole quantity of urine, and gives it a smoky hue. In this case before you, the probable cause of the boy's trouble is stone.

What is the color of his water? "It is very dark, and has a red sediment. It looks exactly like strong tea."

Were we to see his urine, we could determine whether the blood in it were equally mixed or not. It is possible for a stone in the pelvis of the kidney or imbedded in the upper part of the ureter, to give rise to hemorrhage, which may be profuse enough to escape being mixed with the urine. I have known such a hemorrhage to prove nearly fatal. In such a case, the frequent urination and the pain in urinating may be explained by the fact that the pain is referred to the peripheral end of the nerve. In disease of the hip joint you have a similar pain in the knee, from the same cause. However, in this case I do not think that we have anything else than a stone in the bladder. I will sound him and see. We will first administer chloroform. I am going to use this silver catheter, but it is not the best instrument to search for stone. It is not at all uncommon to miss a stone with an instrument of such a curve. The best curvature for a sound which is to be used as a searcher for stone, is a right angle, and with a short end. Then you can turn it easily in every direction, and it is seldom that a stone will escape your notice.

I now pass my catheter without difficulty. I do not touch a stone anywhere. Yes; I believe I feel it there, behind my catheter, in the pouch of the bladder; and the peculiar click is quite distinct. There is a stone in the lower portion of his bladder. I shall send him to the hospital, then, and will let you know when the operation will take place, in order that you may all be present. This will end our cases for to-day.

Tri-State Medical Society.

The sixth annual meeting of the Indiana, Illinois and Kentucky Tri-State Medical Society will be held at Masonic Temple, Louisville, Ky., on Tuesday, Wednesday, Thursday and Friday, 9th, 10th, 11th and 12th, of November, 1880. Convenes Tuesday, 9th, at 9 A. M.

Medical Societies.

THE MEDICO-LEGAL SOCIETY OF PHILADELPHIA.

A meeting of physicians and druggists, called by the Committee on Medico-Pharmaceutical Abuses, acting for the Medico-Legal Society of Philadelphia, was held at the College of Pharmacy, September 24th, for mutual counsel in regard to devising some plan for correcting and advancing the interests of Medical and Pharmaceutical relations.

Mr. Wm. B. Thompson, pharmacist, was called to the chair, and Dr. R. G. Stretch was chosen Secretary.

The Medico-Legal Society was represented by Drs. Oliver, Schoales, Gruel, Stretch, Crandall, Nash, Peltz, Blackwood and Swayze.

The Pharmacists were represented by Prof. Remington of the College of Pharmacy, and Messrs. Blair, Wiley, Needles, Niskey and Evans.

The chairman of the Committee, Dr. Swayze, opened the subjects that claimed special consideration, with a comprehensive and argumentative paper on the Medical and Pharmaceutical relations, in which he spoke of the professional and pecuniary disadvantages sustained by the regular medical practitioner, growing out of the existing status and practice of pharmacy. He said that the office of the physician was to diagnose diseases and prescribe the proper remedies for their relief, while that of the pharmacist was to prepare and compound the remedies needed by the physician. But it has come to pass, that while the prescription case of the druggist is tastefully stored with remedies to *aid the* physician in the treatment of disordered health, too often the windows and counters are blockaded and bristling with pharmaceutical *hindrances or impediments* to the physician's professional and business prosperity, in the shape of advertised and money-boosted patent and proprietary nostrums for every real and imaginary ailment, by the dispensation of which the druggist virtually makes *himself* the practitioner, and assumes the treatment of diseases for which the wrappers effusively recommend them.

He also spoke of the practice of some pharmacists, of taking into their stores homœopathic specifics for general introduction and sale, and of the odium with which the medical and pharmaceutical professions have been smirched by the dirty, unscrupulous compact for percentage *divvy* on prescriptions, which merits the most prompt effacement, as being alike unfair and unjust to pharmacists and physicians in general and the confiding public in particular.

One of the most serious grievances of which he complained was the grave injustice done physicians by druggists, who, without being so authorized by the prescriber, frequently and indefinitely renew prescriptions intended by the physician for temporary employment only, and, in many instances, making them up for various persons and families other than the one for whom intended, and thus seriously hazarding the physical and moral welfare of patients and people, by the prolonged use of what was designed for but transient employment.

He also spoke of the practice of druggists prescribing for patients over the counter, which was a great injustice to the regular physician. He then concluded with the following remarks:—

We believe these are vitally important questions for the candid consideration of all pharmacists who feel with us a mutual desire to guard the honor of our alma maters, maintain an ever defensible professional integrity, and accord in practice to our fellow-laborers the charmed element of all true brotherhood, the infallible precept of the Golden Rule, "Do unto others as you would others should do unto you."

DISCUSSION.

Prof. Remington said that inasmuch as the points embraced in the paper were of great importance, he would propose that they be taken up in their order for consideration, that more definite conclusions in regard to each might be thereby reached; he therefore offered a motion to that effect, which was carried.

1st. Patent Medicines. Prof. Remington said, in his early business life he put away all patent medicine signs and medicines from sight, and thus avoided catering to the habit of displaying and selling patent medicines. Dr. Crandall was the first physician who had ever said, on coming into his drug store, "why I don't see any patent medicine or medicine signs displayed in your store!" When people inquired for these articles he sold them, but did not recommend them. He is not aware that he gets any more patronage from physicians on this account. But he believes the patent medicine business is pernicious to the public; and he was ready to join hands with physicians to exclude patent medicines.

Mr. Needles referred to the recommendation of Swayne's Panacea by a College Professor. He does not countenance the use of patent medicines; but believed physicians were sometimes responsible for their employment.

Dr. Oliver said, that Swayne's Panacea was the introduction of patent nostrums in this country; it was a long while ago that the recommendation of that Professor of the University of Pennsylvania was obtained; and the present Professors of our Medical Colleges would *not* give their names to recommendations. He feels convinced that good results have already taken place in Philadelphia as the result of the efforts of the Medico-Legal Society's proceedings. Certain druggists have already removed every patent medicine sign and put the nostrums all out of sight, and their prescription lists have more than doubled as a consequence. He referred to the case of a Cincinnati druggist who banished all patent medicines from his trade and made a fortune by legitimate pharmacy.

Dr. Crandall stated the character and objects of the Philadelphia Medico-Legal Society, and said, we want to know what agreement can be made between physicians and druggists concerning the abolition of patent medicines from the stores of all respectable pharmacists. He also interrogated Prof. Remington in regard to whether the patent medicine abuse was discountenanced by the Pharmaceutical Code of Ethics.

Prof. Remington responded that there is nothing special in the Code, but the attention of students was directed to them in lectures and valedictory addresses. There was no penalty attached by the Code to the practice of dealing in patent medicines; but instructors endeavored to inculcate proper pharmaceutical ideas.

Mr. Blair criticised some remarks made by Dr. Crandall, in regard to the increasing dissatisfaction of physicians, who had determined to move for reform in the matter of pharmaceutical abuses, and in case of failure to effect any compromise with pharmacists, would then carry their own medicines as a practicable alternative. Mr. Blair added that the remedy for the trouble was plain; let physicians patronize the druggists, and those only, who do legitimate business and drop patent medicines.

Dr. Blackwood thought we should, by committee or otherwise, see who of the druggists would put patent medicines away, neither recommend nor advertise them, and stand by legitimate pharmacy. Patent medicines harm the public much more than they do the physicians.

Professor Remington said there was evidently unanimity of feeling on the question of patent medicines, and suggested that the best way to accomplish reform would be to get druggists to agree not to sell or recommend them.

2d. Homœopathic Specifics. Professor Remington and Mr. Needles did not think druggists took them into their stores for sale to any extent. Several up-town physicians testified that a large number of druggists in the northwestern part of the city took hold of homœopathic specifics, as agents, and put up signs, two or three years ago; but the thing was dying out, through the disfavor of regular physicians.

Mr. Niskey thought physicians were much to blame for the introduction of "homœopathics," because they prescribe such disgusting mixtures for children and women, who are averse to horrid doses. Doctors were often ignorant, or indifferent to the necessity of rendering prescriptions palatable.

Mr. Blair thought most druggists are honorable, and if approached properly would refuse to sell homœopathic medicine, etc.

Professor Remington said, all things begin in an humble way, and all reforms must have a beginning. He would therefore offer the following:—

"*Resolved*, That the subjects under consideration be referred to the Philadelphia Medico-Legal Society, and that they be requested to send a committee to all respectable druggists, requesting them to place out of sight all patent medicines and discourage their sales."

He also proposed that all said druggists subscribe their names to such agreement. The motion being seconded, Professor Remington's resolution was adopted.

3d. Percentage Compact between Druggist and Doctor. Professor Remington thought it difficult to correct this evil; the druggists have no way of reaching it; if the doctors could reach it the pharmacists would be thankful.

Mr. Needles did not personally know of any such cases.

Dr. Oliver confidently assured him that this evil existed, especially in the upper part of the city. He knows four men who will only allow prescriptions to go to one certain drug store.

Professor Remington exhibited a "cipher" prescription, in copy, that was sent to his store, and had been prescribed by a Professor in the University of Pennsylvania, and intended for a certain other drug store only.

Mr. Blair said the same Professor had diverted some of their customers to the same druggist.

Dr. Swayze spoke of a certain physician, now deceased, who was run down with business by the agency of certain druggists in different sections, and sent a patient eight squares to a certain apothecary for flaxseed meal to make a poultice.

Dr. Blackwood knew of but two druggists who did this kind of business; they were of inferior standing.

Mr. Niskey mentioned a private prescription put up by one party for $3, which he put up, after getting the formula, for fifty cents.

By general consent, it was thought proper to have no business intercourse with either druggists or doctors who were parties to the underhand conspiracy.

4th. Prescribing over the Counter and Renewing Prescriptions were considered together. Prof. Remington thought that nearly all druggists would recognize a request, written or printed on a prescription, "Not to renew." He had stopped renewing a doctor's prescription at his own request.

Mr. Needles thought by renewals of prescriptions a great injustice was done physicians. He personally knew of *one* doctor who had lost *many* dollars by the renewals of a certain prescription.

Mr. Niskey spoke of patients calling for copies of prescriptions, and undoubtedly having them often renewed. It was important to understand what the rights were in such a case.

Mr. Needles said he made it a rule not to give the original.

Mr. Blair said a printed request on blank would not always meet the case. He thought a private mark, such as (D. R.) "Don't Renew," would attain better results. He spoke of a prescription containing acid hydrocyan. given for an adult, but renewed for a child.

Dr. Blackwood spoke of a case of poisoning in a child, because of frequent and unauthorized renewals of a certain prescription.

It being the voice of several present, including Mr. Needles and Prof. Remington, Dr. Schoales moved that the consideration of these important points be continued to another meeting, and when we adjourn it be to meet in the College of Pharmacy, on Friday, October 1st, at 3 P.M. Adopted.

President Thompson embraced an opportunity to say that he hoped "we would come together in a friendly spirit, and we must do so, if we hope to accomplish the desired object."

As the hour was growing late, the meeting adjourned, as per resolution.

An adjourned meeting of the Committee of the Philadelphia Medico-Legal Society and a number of other physicians met, with a number of

pharmacists, in the Museum of the College of Pharmacy, October 1st, 1880. Dr Stubbs occupied the chair and Dr. R. G. Stretch acted as Secretary. The following physicians and pharmacists were present. Physicians: Drs. Stubbs, Swayze, Buckby, Nash, Prall, Mitchell, Butcher, Girvin, Graydon, Shelly, Crandall, Oliver and Stretch. Pharmacists: Prof. Remington. Messrs. Bullock, Magill, Niskey, Musselman, Thompson, Boring, Davis, West, Robbins, Blair, Naulty, Wall, Reiman and Wiley. The minutes of the last meeting were read and approved.

Dr. Swayze opened the discussion by alluding to the various questions which had been up for discussion at the previous meeting, together with the results obtained. He then continued, saying:—

We are here to-day to proceed with our deliberations, in a spirit of friendliness and fraternity. In the responses to the presentation of the subjects at our former meeting there were several points advanced by our pharmaceutical friends which deserve consideration at the outset to-day. One was, "Would physicians throw the weight of their influence in favor of such pharmacists as would honestly banish patent and proprietary nostrums and the other encroaching abuses specified, and confine themselves to legitimate pharmacy?" We unhesitatingly respond, we entertain no doubt that the honorable regular practitioners would do so in good faith. As a slight evidence of the earnest feeling of the profession on the subject of pharmaceutical irregularities, we have presented to just a few of the physicians of this city, for their signature, an Appeal to Pharmacists, which Appeal was immediately signed on the reading of its object; no one declining, but all affirming they were heart and hand with us in this needed work. We believe a canvass of this city would demonstrate that all thoughtful members of the medical profession cordially accord the same testimony.

Another point advanced by pharmacists was the large amount of money invested in patent medicines. If the point raised has reference to the interests of the *patent medicine maker* or *speculator*, it has no legitimate concern with our present issue. The fact that patent nostrum speculators put large capital into their speculation is not a reason why either physicians or pharmacists should loan these nostrum capitalists professional agency and influence towards coining fortunes out of the gullible public, and our local patronage in particular.

Patent nostrum speculations thrive because their local representatives enable them to thrive. But if the point advanced referred to the stock of these stuffs now in the hands of retail druggists, the problem is one of scarcely any significance, compared with the great fundamental principle of right and justice, for which we now respectfully but most earnestly contend.

Another point advanced was the old mooted one of proprietorship of the prescription. It was answered by one of our pharmaceutical friends; he believed it had been settled legally, that the prescription belonged to the patient. This is a misconception. If by this is meant that the pharmacist is under obligation to renew prescriptions, whenever the one prescribed for, or others, apply for such renewals, it is a misconception—even of statute—if there be any such. Law is the guardian of the public welfare; its spirit and purpose is that of protection. It does not give a man the right to abuse himself, or his family or neighbor. It does not, in spirit, authorize the jeopardy of health or life. The law recognizes the individual sovereignty of purpose. The spirit of the purpose is recognized as defining the merits of the acts. Well, now, the only problem to be grasped is the *purpose* of the physician in writing his prescription. The patient's health becomes disordered; the functions of a physician are deemed necessary. The physician's knowledge, and experience and judgment are brought into requisition. He considers the case, diagnoses the diseased actions, determines what remedies should be used in the case. He charges a fee; but does he charge for the professional service he has rendered, or does he *sell* the *prescription* (the mere directions he has given), for the amount of that fee? We never *sell* a *prescription* in such professional service, any more than does a commanding officer *sell* his *order* to another officer. Nor does the physician grant to the patient or the druggist any more right to repeat renewals of prescriptions, than does a commanding officer grant to a subordinate officer the right to repeat his orders at the wrong time or place, or repeat them at all unauthorized. If the physician has no moral right to jeopardize the welfare of his patient or the public, common sense must teach that he would not so stultify himself as to grant to the patient or the druggist a *carte blanche* privilege of doing what the doctor himself has no right to.

Dr. Oliver presented a Code of Ethics of the Pharmaceutical Association of Erie County, New York, and read a few articles from the same, showing that they discountenance the sale of nostrums, the giving of percentage on prescriptions, prescribing over the counter, or giving medical advice to patients.

Prof. Remington said the Philadelphia College of Pharmacy had had a Code of Ethics for the past twenty-five years; the College cannot control the graduates after leaving the school, as they scatter themselves all over the country.

Dr. Swayze said he understood the College had a Code of Ethics, but did not understand that it presented any definite restrictions against the practice of the abuses complained of, and read again from the printed appeal, that what was asked for was the adoption of "a *Medical and Pharmaceutical Code for our Mutual observance, by which the legitimate province of pharmacy and the professional rights of physicians shall be secured.*"

Dr. Oliver said if the College of Pharmacy has a code of ethics, it has been a dead letter for many years. He wanted a mutual code for pharmacists and physicians, if we could agree upon one.

Dr. Butcher thought we had better reason together, for the benefit of both physician and pharmacist.

The question of renewing prescriptions was now taken up.

Mr. Webb thinks the abuse of the renewal of prescriptions is not so great as many of us think.

Dr. Crandall said several of the members of our Society had informed him that their prescriptions had been renewed very many times without any authority from the physician; and by these renewals the doctors were deprived of receiving fees that they were justly entitled to.

Prof. Remington asked the physicians present if they had tried the experiment of asking pharmacists not to renew their prescriptions?

Mr. Thompson said that the physicians should tell their patients that the prescription is not to be renewed, and not put the burden upon the pharmacist to do so. By this means they would educate their patients in the matter.

Mr. Blair said he had often been placed in an awkward position, by having a physician tell him not to renew any of his prescriptions without a written order from the physician; and yet, perhaps in a few days, a perfectly reliable patient would come and tell him that the doctor told him to come and get the prescription renewed.

Dr. Prall asked if a good effect could not be produced if the pharmacist would paste a small label on the bottle, stating that the prescription should not be renewed.

Prof. Remington thought an excellent effect would be produced by this procedure, if the doctor's initials were used in connection with the above suggestion.

Mr. Blair thought the pharmacist had enough to do now without having extra labor put upon him for which he would receive no pay. As the physician generally saw his patient in a place more quiet than the apothecary store, he thought it was the physician's place to inform the patient that the prescription was not to be renewed.

Mr. Bullock said we must remember that the public stand between the physician and the pharmacist, and they assert we cannot stop them from the privilege of having prescriptions renewed. But he thought the physician should educate the patient up to the point that it is unsafe to take medicine without the physician's orders.

Dr. Prall asked, what will druggists do if they get prescriptions containing calomel? His friend, Dr. Sommers, wrote a prescription with calomel in it and it cured a very sick child. The family were pleased and retained the box containing the powders, with a view of having them renewed for any other sickness in the future. Another child was taken sick, and without consulting the Doctor they renewed and used the powders, and continued to use them for a long time; the child was salivated, and finally died. The family censured the Doctor and never employed him afterward, although he did not order or know they were using the medicine for the child.

Mr. Boring said many pharmacists, before renewing a prescription, ask whether the doctor has ordered it to be renewed.

Mr. Bullock said many patients have had the prescriptions of Doctor Physic and other old physicians put up, even to this day; and that no one can deprive them of the right to have any prescription compounded as often as they wish. Still, he would like to see the matter settled to the satisfaction of the physicians.

Prof. Remington said no law can stop a patient from salivating himself, if he wishes to. We pharmacists keep *open shops*, and sell whatever is called for. Still we are as careful of the lives of patients as the physicians are. He mentioned that Doctor Henry M. Smith had printed, in red letters, on the top of his prescription blanks, a request *not to renew his prescription*. In one instance, on refusing to renew such a prescription, the patient required me to give him a copy of the prescription, and he went to the next pharmacist and had it put up. He said these meetings will accomplish some good, as it gives a chance to hear both sides of the question.

Dr. Oliver asked if any respectable pharmacist would put up a prescription, unless it was by the orders of a physician? And whether they did not in all cases write the name of the doctor on the label, ordering the medicine to be taken in a certain manner? Now, can any pharmacist who renews a prescription without an order from the doctor, conscientiously say, "*Take as ordered by the physician*," when the doctor has no knowledge of the patient having had it renewed? He thought all respectable pharmacists, if the doctor would make the request, would not renew the prescription, but would honor his request.

Dr. Prall said the most practicable way of rectifying the difficulty is by a mutual Code of Ethics between the doctors and druggists. The druggists can then all the time discourage renewals, as a duty, especially when the ingredients are injurious if taken for a considerable length of time; and thus gradually educate the people.

Mr. Thompson replied that his idea of a Code was that it was *all bosh!* made *to-day* and broken *to-morrow*.

Dr. Butcher said it was in consequence of pecuniary losses to physicians that they object to the miscellaneous renewals of their prescriptions. It is an injustice to us to have such constant renewals. The druggists can easily say they cannot renew, and the public will not demand renewals. The "dear public," is here thrust in; there is a great concern about the rights of the "dear public." I'm as much a friend to the "dear public" as anybody, but I'm a friend to my own rights also.

Mr. Bullock said he thought physicians should try making a request on their prescriptions first, and all good pharmacists would, he thought, try to honor the request; we can see what this will accomplish if the physicians adopt it.

Mr. Davis asked that physicians write the request with their initials attached, to give the druggist something to stand behind as a special order. No druggist of character would renew a gonorrhœal, or similar mixture, without an order to do so.

Mr. Blair offered the following resolution:—

"*Resolved*, That physicians, when writing a prescription which they do not wish renewed, should write on the bottom of such prescription, "Do not renew," and also inform the patient of the fact in every case."

Mr. Mitchell thinks that the *written* request will prove an important feature in restricting the druggist.

Dr. Butcher offered an amendment to Mr. Blair's resolution, as follows: "And, on the other hand, the druggist will either write or print on the label upon the bottle or package, "*Not to be renewed unless by a written order of the doctor.*"

The resolution, with its amendment, was adopted.

Dr. Buckley thinks we must at last come to a mutual Code—a house whose roof would be ample enough to protect us all.

On motion, the meeting adjourned to meet on Friday, October 8th, at half past three P. M.

THE BRITISH MEDICAL ASSOCIATION.

(*Continued from page* 322.)

The Section of Obstetric Medicine was opened with a paper by Dr. Lombe Atthill, on

Uterine Hæmostatics.

Dr. Atthill said that he would confine his remarks to the means of arresting hemorrhages from the unimpregnated uterus. He said that the most common causes giving origin to uterine hemorrhage, unconnected with the actual existence of pregnancy, were: 1. The various forms of cancer; 2. Tumors of the uterus; 3. Imperfect involution of the uterus after labor or abortion; 4. Granular erosion of the cervix uteri; 5. A granular condition of the intra-uterine surface; 6. Retention of a portion of the ovum after abortion. 1. Cancer was placed first on the list of causes, because its treatment by the administration of Chian turpentine, as advocated by Mr. John Clay, of Birmingham, had attracted general attention. Dr. Atthill's opinion of the drug as a hæmostatic, in some cases of cancer, was very favorable; but he could not confirm to the full extent Mr. Clay's views as to its curative powers in malignant disease of the uterus. It seemed to exercise its greatest power in cases of epithelioma of the cervix, and to have comparatively little influence in the medullary form of the disease. The value of turpentine in cancer of the uterus seemed to be mainly due to its action in diminishing the blood-supply. Dr. Atthill related the case of a lady who came under his care in September, 1879, suffering from a severe attack of uterine hemorrhage, which proceeded from an epithelioma of the cervix uteri. The hemorrhage was checked by the application of the strong solution of perchloride of iron; but, as the disease steadily progressed, the diseased structures were removed with the scoop and knife, on December 1st. The patient rapidly recovered; but in February the hemorrhage recurred, and the disease was found to have extended into the cavity of the uterus. The diseased mass was removed; but the hemorrhage continued in spite of the use of perchloride of iron. In March, Dr. Atthill began to administer pills of three grains of Chian turpentine with two of sulphur, eight to be taken daily. For some time the hemorrhage was much lessened, and almost disappeared; but lately there had been a return of the bleeding to an alarming extent. The patient had taken the Chian turpentine daily, from the time of its first prescription. The small supply of Chian turpentine, and the difficulty of obtaining it pure, were serious objections to its use. Dr. Atthill believed that a pure oil of turpentine, administered in from ten- to twenty-drop doses, three or four times a day, was, as a hæmostatic, quite as good; and that, if carefully rubbed up with powdered gum arabic or tragacanth, it was likely to agree with most patients. He had also administered the confection of turpentine with advantage. 2. To restrain the hemorrhage from fibrous tumors, the injection into the uterus of the liquor ferri perchloridi, and of the tincture of iodine, had been advocated. This method was sometimes followed by satisfactory results; but it was not absolutely safe, and, unless care were taken to provide a free exit for the fluid injected, either by previously dilating the cervix uteri or by using a double cannula, serious results might follow. The injection of hot water in such cases was a far safer method of restraining the hemorrhage. Incising the cervix was often useful, in being followed by a diminution in the hemorrhage, and by relief from pain; and at the same time it permitted the introduction into the uterus of a tube of moderate size and the free return of the hot water, which should be injected at a temperature of about 110° Fahr. Another simple and often effectual method of applying heat was the use of Chapman's spinal hot water bags. Of drugs, none could equal ergot in its power of restraining the hemorrhage depending on fibrous tumors. It was most effective when administered hypodermically. 3. Imperfect involution of the uterus implied, primarily, a relaxed state of the muscular tissue of the organ, and an unduly distended condition of the uterine vessels; and, also, in most cases, an unhealthy condition of the intra-uterine mucous membrane. When the latter existed, it must be cured by treatment directed to the intra-uterine surface. To check the hemorrhage at the time of its occurrence, hot water was a safe plan of treatment, and generally easily carried out. Ergot, quinine, and strychnine were, in cases of imperfect involution of the uterus, indirect hæmostatics. In the chronic form of the affection Dr. Atthill had administered Chian turpentine with benefit. 4. Hemorrhage due to a granular condition of the vaginal aspect of the cervix might be arrested by the direct application to the bleeding surface of almost any astringent; but, to prevent its recurrence, a healthy condition of the cervix must be brought about by the free application of some strong caustic. 5. The retention of a portion of the ovum after abortion sometimes gave rise to very troublesome hemorrhage. In such cases, dilatation of the uterus and removal of the retained portion by a curette might be performed unless contraindicated, but it was liable to give rise to cellulitis and even peritonitis; and Dr. Atthill, therefore, strongly recommended in such cases, at least as a preliminary measure, the syringing out the uterus with hot water. He had no faith in the administration of astringents by the mouth, in cases of uterine hemorrhage depending on the causes which he had enumerated. In

conclusion, he suggested that the most important questions for discussion, in connection with the subject of uterine hæmostatics, were these: 1. What is the value of Chian turpentine in arresting hemorrhage in cases of cancer of the uterus? 2. Is Chian turpentine the only variety of the drug of use in such cases? 3. In what other forms of uterine hemorrhage is the administration of turpentine indicated? 4. What is the value of the intra-uterine injection of hot water: (*a*) in cases of hemorrhage depending on the existence of fibrous tumors of the uterus; (*b*) in cases of imperfect involution of the uterus; (*c*) where portions of the ovum have been retained after abortion?

After a very active discussion and the reading of a few minor papers, Mr. Spencer Wells opened a discussion on

The Removal of Uterine Tumors by Abdominal Section,

with the following remarks: I wish particularly to limit this discussion precisely to the consideration of the subject of removal of uterine tumors, myoma, fibro-myoma, or fibroma, by abdominal section. Such a tumor as that on the table, which was removed by Mr Sherburn, of Hull, from the uterine cavity and vagina, and the removal of fibroid polypi, or the enucleation of ingrowths which project towards the uterine cavity, are beyond the scope of discussion to day. And so is excision of the uterine uterus for cancer, by Freund's method, or any other; and the operation of Porro, so interesting to the obstetrician, where, in addition to the Cæsarean section, the uterus itself is excised after withdrawing the child. All these subjects are well worthy of separate discussion; and I hope they will be carefully criticised as soon as a sufficient number of facts, carefully observed and faithfully recorded, have been collected to form a groundwork for the formation of sound opinion. My object to-day is to obtain from members present any such additions to our knowledge as may assist in the formation of professional opinion upon the removal of fibroid outgrowths from the uterus towards the peritoneal cavity, sub-peritoneal outgrowths with a more or less perfect pedicle, or fibroid enlargements of the fundus, which may be removed with some part of the uterus itself, and with or without one or both ovaries at the same time, by such a division of the abdominal wall as is made in ovariotomy, but necessarily longer when the tumors are both large and solid. And, as I understand opening a discussion to differ from reading a paper, in so far that in the former case one hopes to elicit information from others, while in the latter we endeavor to relate what we have ourselves observed or thought, I shall now only sketch so much of my own doings and reflections as may induce others to narrate theirs, and thus assist in the removal of the doubts and difficulties which necessarily obscure any comparatively new subject at its rise and during its early progress.

In the Hunterian Lectures at the College of Surgeons, which I delivered in June, 1878, I reported all my cases of removal, or attempted removal, of uterine tumors through the abdominal wall; and arranged them in two tables, one containing all the necessary details of twenty-four cases where uterine tumors were removed, with or without one or both ovaries; and twenty-one cases where only an exploratory incision was made, or where, in addition, the tumor was either simply punctured or partially removed. I must refer any one who wishes to examine this subject more carefully hereafter to the published tables. I can only say now, that of the twenty-four cases where the tumors were removed, only nine of the patients recovered, and fifteen died; while of the twenty-one cases of incision, puncture, or partial removal, only one died, and twenty recovered from the operation, some of them more or less relieved by it. I ask your attention to this mortality of sixteen deaths in forty-five operations, because this represents the results of my practice before adopting, in these operations, the Listerian details of antiseptic surgery. Since the delivery of the lectures, I have operated antiseptically, and I have had ten cases of removal, with three deaths and seven recoveries; and five cases of incision and puncture, all recoveries; or three deaths in fifteen operations. My whole experience, then, amounts to sixty cases: thirty-four of removal, with eighteen deaths and sixteen recoveries; twenty-six of incomplete operation, with only one death. The smaller mortality since adopting antiseptic precautions is certainly remarkable; but I do not wish to enter on this wide question now. I rather desire to discuss the indications which should guide us in deciding whether to leave a patient to her fate, or to medical treatment by ergotin or anything else; or to advise her to submit to the risk of abdominal section. It must be remembered that the risk, very small indeed, if the attempt end in incision and puncture only, is now considerably smaller than it was a few years ago, and may be expected to become much smaller as experience increases, and the details of the different steps of the operation are more carefully studied and more frequently practiced.

In the discussion which followed Mr. Knowsley Thornton said that the first point to be dealt with in the discussion of this subject was the question as to how far the removal of uterine fibroids by abdominal section was justifiable. He would simply say, under this head, that he did not think surgeons were ever justified in operating until all medical measures of treatment had been exhausted without such relief as enabled the patient to live in tolerable comfort. In those cases in which operation was necessary, what was to be arrived at was the perfecting of differential diagnosis. This was often extremely difficult, but was of the utmost importance, because on a correct diagnosis of the kind of fibroid operative procedure must depend. There were three classes of tumors: 1st. Sub peritoneal fibroids which were more or less pediculate; 2d. Sub-peritoneal fibroids which were sessile, and intramural fibroids; 3d. Tumors which so involved the uterus that it was necessary, for cure, to remove the whole supra vaginal portion of the organ. The operations in these three classes differed very much in gravity; hence the importance of correct diagnosis. Now, thanks to Mr. Lister, exploratory operations could be made with per-

fect safety, and these would teach much; so that diagnosis would improve apart from the information gained in the individual case. In class 1, with Listerism, tumors might be removed with little or no danger. In class 2, though apparently the operation was not so favorable as that required in class 3, the cases were really more fatal, as far as his experience went. In class 3, both ovaries were usually removed along with the uterus, and these cases appeared to do best when Mr. Spencer Wells' clamp was used. To this class he would restrict the use of the term "hysterectomy." In the other classes, the ligature or the cautery, and intra-peritoneal treatment, answered best. He thought that the method of sewing up only the peritoneal surfaces, as suggested and practiced by Mr. Wells, was preferable to Schroeder's plan in cases in which it was necessary to open the uterine cavity.

Mr. Lawson Tait had performed seventy-three ovariotomies, with two deaths; since then, he had done thirty-three operations without a death. The tumors were divided into three classes: 1st. Those requiring enucleation; 2d. Those requiring abdominal section; 3d. Those best treated by removal of the ovaries. His results in enucleation were very unsatisfactory. In those cases where abdominal section was used, five died out of nine. His views on this point agreed entirely with those of Goodell. But as regarded removing the ovaries, he had a different story to tell. In future, he should seldom use either of the first two operations; but the third he had performed thirteen or fourteen times, with only one death; and he had determined never again to remove a uterine tumor by abdominal section, unless the tumor was of enormous size, or was pressing injuriously upon some organ. In all the cases where he had removed the ovaries, the hemorrhage was completely arrested. He related a case in which this was very well brought out. In this one, as well as stoppage of hemorrhage, the tumor was becoming smaller. He had observed this reduction of size in other cases also. He should in future always perform oöphorectomy before attempting to remove the tumor.

Dr. Marion Sims thought Mr. Wells was right in dividing his series of cases according as they were performed antiseptically or not. This system had revolutionized surgery. As far as removing tumors by abdominal section went, there were some cases in which they must be removed on account of their size or pressure. He quite agreed that oöphorectomy would in future be very generally used in cases of bleeding fibroids. He had seen some tumors reduced in size to an enormous extent by the mere lapse of time and advance of life, and related a very remarkable case of the kind, where a tumor, which must have weighed about thirty pounds, in ten years had quite disappeared. He would have liked more details of Mr. Wells' fatal cases. He would prefer Péan's method to that of Schroeder in removing uterine tumors. Removing the whole organ was a safer operation than cutting out a portion of it.

Several other members also took part in the discussion, after which, the Section closed with a paper by Dr. H. MacNaughton Jones, on

Obstetrical Knowledge in its Relation to the Present Standard of Medical Education,

in which he drew attention to the disproportion between the obstetrical and gynæcological acquirements necessary in the practitioner, and the opportunities of learning afforded in many of the schools. Dr. Jones concluded by putting three propositions before the Section: 1. The efficient teaching of an obstetric class cannot be effected in a course of less than one hundred lectures. In schools where the winter session does not embrace this number of lectures, either an additional summer or winter course should be required before the candidate is permitted to present himself for his final examination; there being an understanding that the lectures on gynæcology are delivered as a distinct part of the course or courses attended by the candidate. 2. An attendance on at least twenty cases of labor should be required of the candidate, before he is permitted to present himself for final examination; these cases to be attended in some recognized hospital, or maternity, or under the supervision of a recognized teacher. 3. The candidate should be required to produce proof, by notes of cases or otherwise, that he has attended in the wards or externe department of a general hospital, or hospital specially devoted to the treatment of such diseases, a given number of cases of uterine disease.

[*To be continued.*]

Editorial Department.

Periscope.

Nitrite of Amyl in Convulsions.

Dr. Leonard F. Pitkin, of Ravenswood, Long Island, reports the following case in the *Medical Record*, October 2d, 1880:—

Willie R., aged two years and six months, while at play on the morning of August 12th, was suddenly seized with convulsions. I was immediately summoned, and on my arrival I found the child in an unconscious state, one convulsion following another in most rapid succession. The convulsive movements were confined almost entirely to the right side. My first impression was that the convulsions were due to functional derangement of the stomach and bowels, and the usual remedies indicated in such cases were resorted to, but no benefit followed the same. As the child was, in the meantime, rapidly becoming exhausted, and the necessity of doing something to control the convulsions more evident, I

resorted to the use of chloroform and ether, but without succeeding in controlling the convulsions. I then used nitrite of amyl by inhalation. Placing four drops on a handkerchief, I applied it to the child's nostrils, and after a few moments had passed the convulsions ceased entirely, and did not occur again till yesterday morning, August 13th, but were immediately controlled by four drops of amyl nitrite, and have not occurred since. A closer examination of the patient reveals that the convulsions were evidently due to some cerebral lesion. The cranium is markedly asymmetrical; pupils unequally dilated, the left being much larger than the right. The head is not abnormally large, but the posterior fontanelle is perceptible, union not having taken place between the bone, and remarkably large, being an inch and a quarter in diameter at its base. There is evidently some serous effusion in the membranes of the brain. Child is now taking—

℞.	Potass. iodidi,		gr. x.
	Brom. potass.,		gr. xl.
	Aquæ,		
	Syr. rhei.,	āā	℥j.

Sig.—Teaspoonful t. i. d.

Child is well nourished; appears strong and healthy. On questioning the mother, I ascertained that she has lost two children, both dying in convulsions, which were like this one. I have used the amyl nitrite in a large number of cases, and, with few exceptions, it has been followed with good results. I usually administer five minims, dropping it into a small sponge, allowing the patient to inhale it. It causes the face to flush, and stimulates the lachrymal glands to a considerable extent. Great care should be used in the administration of the drug, as serious consequences might result from its injudicious use.

A New Method of Treating Endometritis.

Dr. S. S. Boyd, of Dublin, Ind., in a communication to the *American Practitioner*, for October, 1880, says:—

Within three years I successfully treated, by a method original with me, a very obstinate endometritis, occurring in a woman twenty-five years of age, who had been married five years. During all of her married life, until recently, she suffered from a constant flow of muco-purulent discharge from the uterus, with all the attendant symptoms of endometritis. Much of the time she was scarcely able to walk about the house. During the two and a half years which I treated this patient, I exhausted all of what I considered safe remedies, both topical and general, with but little benefit. Finally, I adopted the following plan of applying nitrate of silver to the endometrism:—

Taking a small female silver catheter, I had it cut in two, so as to leave three inches of the closed end in one piece. In three-fourths of an inch of this closed end I had as many small perforations made as could be, without materially weakening the walls of the instrument, and to the outside of the open end a ring was soldered, to which a small cord could be attached. Having on the day previous to that on which I used this instrument introduced into the uterus a slippery-elm tent, retaining it in place by a pledget of cotton wool, I let the tent remain over night. Putting about fifteen grains of coarsely-pulverized nitrate of silver in the tube above described, and confining it there by pressing a little cotton on it, I then tied a small cord, six inches long, to the rim, when it was ready for use. Removing the plug and the tent after introducing the speculum, I inserted the silver tube into the uterus, until the distal end reached the fundus, securing in place as I did the elm tent, leaving one end of the cord outside the vagina. This was done as a precaution against any serious pain in my absence, in which case the patient could remove the tube. But it was not found necessary to remove the instrument for three or four hours, and then the nitrate of silver was dissolved.

Briefly, the foregoing treatment was that which finally relieved a long-suffering patient, in less than six weeks, by four applications one week apart. Of course, I did not neglect to administer iron, sulph. quinia, ale, and ext. malt, as I consider constitutional medication in such cases essential to the relief of the local disease.

As this mode of topical application to the internal uterus was tried in but a single instance, no certain deduction can be drawn as to its general adaptation to the cure of endometritis, and yet, from its complete and speedy success in this single case, I am led to hope it may prove a valuable addition to the local treatment of this form of uterine disease.

Iodide of Potassium in Typhoid Fever.

Dr. C. G. Bryan says, in a communication to the *North Carolina Medical Journal*, for September, 1880—

During the last two years I have used iodide of potassium in several dozen cases, and I am forced to the opinion that when it is used persistently from the time the first symptoms make their appearance, it will either break up the attack in from one to two weeks, or render it much milder than if the expectant plan of treatment had been pursued exclusively. I could cite many instances illustrating the comparative results of the treatment of cases, in some of whom (partly for the sake of experiment) I employed the potash from the beginning, while in others the expectant plan was pursued. Suffice it to say, however, the result was nearly always very decidedly in favor of the former. Of course, I would not use potash to the exclusion of all palliatives in every case. I do not pretend to say whether it acts by neutralizing the typhoid virus, or whether, by exciting the secretions, it causes nature to throw off the poison more rapidly; but when the stomach and bowels are not too irritable to tolerate it, I regard it as the surest remedy in the treatment of typhoid fever.

I would be glad to know if any practitioner has used to much extent, iodide of potash in the treatment of typhoid fever; and if so, at what conclusion has he arrived as regards its remedial effects?

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——*Harper's Bazar* continues to come to us, full of the latest fashions and many other matters of interest.

——Dr. Boardman Reed, of Atlantic City, sends us, in a reprint from the *Medical Bulletin*, a paper on *Hygiene at the Seashore.*

——No. 1 of the *Medical Library Journal*, published in Boston, has just reached us. It contains as leading articles a number of critical book reviews, some well written editorials, biographies and other matters. Price, $1.25 per annum.

——We have just received a pamphlet on *The Rise of American Dermatology*, being the President's Address before the third Annual Meeting of the American Dermatological Association, held at New York, August 26th, 1879, by Louis A. Duhring, M.D. Extracted from the Transactions of the Associations.

BOOK NOTICES.

Transactions of the Southern Illinois Medical Association for the year 1880, held at Cairo, Ill., January 21st, 22d, 1880, and Shawneetown, Ill., June 23d, 24th, 1880. Vol. ii. St. Louis, George O. Rumbold & Company. pp. 92.

Among the papers in the Southern Illinois Transactions, we notice; "Adherent Placenta," by Dr. H. D. Ferrell, of Carterville; "Hot Water in Uterine Hemorrhage," by Dr. W. R. McKinzie, of Chester; "The Waters of Hot Springs," by Dr. J. L. Gebhart, of Hot Springs, Ark.; "The Treatment of Post-partum Hemorrhage," by Dr. George J. Engleman; "Cancer of the Stomach," by Dr. S. W. Marshall, of Sparta; and several others.

The Microscopist: A Manual of Microscopy, and Compendium of the Microscopic Sciences; Micro-Mineralogy, Micro-Chemistry, Biology, Histology and Practical Medicine. Fourth edition, greatly enlarged, with 252 illustrations. By J. H. Wythe, A.M., M.D., Professor of Microscopy and Histology in the Medical College of the Pacific, San Francisco, Cal. Philadelphia, Lindsay & Blakiston, 1880. Cloth, 8vo., pp. 434. Price $5.00.

After a brief allusion to the application of the microscope to science and art, and the progress of microscopy, the author proceeds to give a description of the various microscopes constructed, with their accessories, together with general directions for their use and the various methods of examination, as well as mounting and preserving microscopic objects. He then takes up for consideration the following subjects: "The Microscope in Mineralogy and Geology; in Chemistry; in Biology; in Vegetable Histology and Botany; in Zoology; in Animal Histology; in Pathology; in Diagnosis; and in Ætiology." These various subjects are treated of in an exhaustive and thorough manner, in which the elegantly colored plates and other illustrations lend material aid. There is also an appendix, containing a description of the recent additions to the microscope and microscopic technology, and the various improvements in mechanism, together with a classification of cryptogamia; and finally, an index and glossary. To those interested in microscopic investigations, the book cannot but prove of the highest value. The purely mechanical execution of the work is unexceptionally good.

Hygienic and Sanative Measures for Chronic Catarrhal Inflammation of the Nose, Throat and Ears. Part I. By Thomas F. Rumbold, M.D. St. Louis, Geo. O. Rumbold & Co., 1880. Cloth, 12mo, pp. 174.

The author informs us, in the preface of his book, that he had been but a few years in the practice of this specialty, when he perceived that the successful management of chronic catarrhal affections depended on the faithful observance of the laws of health by the patient. He therefore, as far back as 1862, began to give such rules to his patients as observation taught him were beneficial in guiding them through those seasons of the year in which they were most liable to take cold. The work is divided into nineteen chapters, the first eleven of which comprise such hygienic measures as the protection of the various parts of the body by proper clothing; the temperature and ventilation of rooms; diet and stimulants; exercise; disposition of the mind, etc. In the remaining eight chapters, such direct sanative measures as cleansing the nasal and naso-pharyngeal passages and the ears; the care of the teeth; bathing; the inunction of the body with oily substances, etc., are discussed. One chapter is devoted entirely to the effects of tobacco, showing that its continued use unquestionably predisposes to catarrhal diseases. The book is written in plain and unobtrusive language, and its teachings appear to be based on a large experience and careful observation. We heartily recommend it, not only to the profession, but to others who have the good sense to understand that "prevention is better than cure."

THE

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D. G. BRINTON, M.D., EDITOR.

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WOMEN AS DELEGATES AND WOMEN'S BRAINS.

As has before been announced in this journal, an "International Medical Congress" is to meet in London next year, from the third to the ninth of August. The President is to be Sir James Paget, Bart., and the Hon. Secretary is William MacCormac, Esq., 13 Harley Street, London, W., to whom we may say, *en passant*, communications respecting the Congress may be addressed.

We refer to the Congress just now, on account of one proposed peculiarity in its organization. This is, that female practitioners of medicine are to be excluded. At least, this is taken for granted by the English journals. The *Lancet* says:—

"Invitations to attend the meetings will be issued to all legally qualified medical practitioners in the United Kingdom, and will be sent to the different countries of Europe, to America, the Colonies, and India. Papers may be read in English, French, or German, and will be published in the volume of Transactions, in the language in which they are read. We presume it is only an oversight that the word "male" is omitted from the qualifications of those to whom invitations are to be sent. The names of many of the officers of the Sections are an assurance that the "lady doctors" will not be asked to attend and contribute; but if by any want of clearness in issuing the invitations mistake should occur, a very considerable proportion of the leading members of the profession will, of course, decline to co-operate.

Since this appeared, we are informed that it has been definitely decided that they shall not be admitted.

This, we submit, is a small-minded, illiberal, unworthy piece of business; and the American and European profession ought to unite in condemning it. We have in this country several regular medical colleges of the best repute, for women; graduates of such colleges are admitted to numerous medical societies of the highest character; medical literature owes to women some of its most able recent contributions. So in Europe, several Universities admit women to all the privileges of their medical courses; and in both continents there are women practitioners in numerous cities every whit as well qualified for their business, and as ethical in its pursuit, as their male competitors. Such being the undisputed and indisputable facts, the petty prejudices of a few Englishmen have no right to control the attendance on an "International" Congress. Let them confine the imposition of their narrow opinions to their own household, so long as these are willing so to be nose-led; but when it comes to a World's Congress, the insular prejudices of a few "officers" have no business to be thrust forward, with a pretence of controlling what sort of a delegate the national Medical Associations of Switzerland, Russia, or the United States shall send. It is a piece of impertinence.

It is amusing to see the efforts which various English writers make to convince themselves and others that woman is intellectually inferior. Their settled opinions on this subject having received a rude shock by the result of the examinations of female students at Oxford, Cambridge and the University of London (which threatened to show that they were not only equal but ahead of the male students

of the same ages), the cerebrologists have rushed to the rescue, to prove that the female brain is smaller than that of the male, and therefore, whatever examiners say, she can't be so "clever." The latest is Dr. Crichton-Browne. He thinks that the difference in weight of the brain in the two sexes is not to be accounted for on the score of the general difference in stature and bulk, as that is not shown to reach the percentage, 11.4, established by his tables as the difference in brain weight. He does not, moreover, think that this is the true difference, but concludes that in perfectly healthy persons the balance in favor of the male sex will be shown to be more than 136.2 grams. He says —

"All available evidence, therefore, points to the conclusion that the brain of the male exceeds that of the female, in weight, to a greater degree than has been heretofore currently reported, and that the relatively small size of the latter is not to be accounted for by deficiency in stature or weight, but depends, as Broca has argued, as much on her intellectual as her physical inferiority."

Poor Broca! He was a rather small man, but he had, for his size, a remarkably big head, of which he was very proud. Perhaps it was partly this which led him to teach that a man's intelligence is in proportion to the size of his brain. He did not object to the suggestion that he was a striking example of his own theory, and certainly he had a prodigious memory, and an encyclopædic knowledge.

But alas for his theory! A big head does not always mean a big brain, and when they came to weigh Broca's, it was not quite 1400 grams; whereas, the weight of the brain, taken at all ages in males, is 1335 grams; consequently Broca's was not above the average of his adult neighbors. So that in spite of Broca and Browne, it still holds good that it is the distribution and quality, not the mere size of the brain, which are the physical exponents of intellect; and when it comes to these characteristics of brain, it is quite likely that woman will show as well if not better than man. At any rate, it is a weak cause that seeks prejudgment from doubtful and irrelevant statements.

Notes and Comments.

Therapeutical Notes.

Ointment for Scabies.

Dr. O. H. McAllister, of McAllisterville, Pa., physician in charge of the Soldiers' Orphan School at that place, sends us the following formula, which he has found efficacious in curing scabies, with which the children of the school had been afflicted for a long time:—

℞.	Hydrarg bichloridi,	ʒij
	Pulv. capsici,	ʒj
	Pulv. sulphur.,	ʒiv
	Adipis,	℔iv. M.

Sig.—Mix by gentle heat and keep stirring it constantly while cooling.

Abortive Treatment of Boils.

At a recent meeting of the Adams County, Pa., Medical Association, Dr. J. W. C. O'Neal, of Gettysburg, reported a prompt and efficient abortive treatment of boils and carbuncles, by the hypodermic injection of carbolic acid. The plan had been effectual in several cases of painful carbuncles, situated on the back of the neck, and in boils near the anus. Two of the medical gentlemen present, who had been subjected to the treatment, described the pain of the injection as being like the sharp sting of a wasp, lasting but three or four minutes, and then followed by complete relief, and subsequent resolution of the disease. Carbolic acid, pure, two-thirds to water one-third, was used, from six to eight drops of the solution being deeply injected into the centre of the tumor.

Tracheotomy Superseded.

In the *British Medical Journal*, July 24th, 31st, Dr. McEwen, of the Glasgow Royal Infirmary, advocates the use of tracheal tubes by the mouth instead of tracheotomy. He gives three cases in which he had recourse to the tubes, and their use was attended with very good results. Two were for the relief of œdema glottidis, and one to occlude hemorrhage from the larynx during an operation. The practical conclusions which he draws from these cases are as follows. 1. Tubes may be passed through the mouth into the trachea, not only in chronic, but also in acute affections, such as œdema glottidis. 2. They can be introduced without placing the patient under an anæsthetic. 3. The respirations can be perfectly carried on through them. 4. The expectoration can be expelled through them.

5. Deglutition can be carried on during the time the tube is in the trachea. 6. Though the patient at first suffers from a painful sensation, yet this passes off, and the parts soon become tolerant of the presence of the tube. 7. The patient can sleep with the tube *in situ*. 8. The tubes, in these cases at least, were harmless. 9. The ultimate results were rapid, complete, and satisfactory. 10. Such tubes may be introduced in operations on the face and mouth, in order to keep blood from gaining access to the trachea, and for the purpose of administering the anæsthetic; and they answer this purpose admirably.

The Use of Chloral in Phthisis.

A Russian doctor writes to the *St. Petersburg Medical Gazette*, on the "Utility of Chloral in Phthisis." In every case he had administered it he never had had the slightest accident. Sleep had been always calm. The physical symptoms were less evident in the morning; the patients felt themselves better and stronger; never did they complain of headache. When the chloral was suspended insomnolency appeared. The author sums up with the following conclusion: Chloral, as a hypnotic is by no means indicated in phthisis. In the dose of from fifteen to thirty grains it cannot do any harm, except in the last stage. It always procures refreshing sleep. It diminishes the sweating and checks the losing of weight. It lowers the temperature, increases the urinary secretion, and does not produce headache nor disturb the digestion.

Beef Tea and its Value.

Certain iatro-chemists and iatro-physiologists, not being able to discover what were the nutrient elements in beef extract and beef tea, have of late years much decried those preparations. At most, they allowed them to be "condiments." Fortunately, common sense and clinical experience are gaining the day over the theoreticians, and we take pleasure in publishing the following details contributed by Mr. Wilkinson, House Governor of St. Mary's Hospital, London, to the *British Medical Journal*:—

The mode of preparing beef tea at St. Mary's Hospital is as follows: The meat is cut into small pieces, and placed, in the evening, in an earthenware vessel, with sufficient cold water to cover the meat; in this it is allowed to remain all night. In the morning the meat is taken out, placed in other water, and boiled for several hours. The meat of the previous day is then passed through a mincing machine, and put into the cold liquor in which the meat was steeped the previous night, and upon this the boiling liquor from the day's beef tea is poured, and the whole well stirred, and it then forms the complete beef-tea. The characteristics of good beef tea are, that all the nutritious elements of the beef should be made available; and by the process carried out as above, this is effectually done, the albumen, fibrine, and gelatine being all retained and taken by the patient. Moreover, by the above method a much smaller quantity of meat is required than under the ordinary mode, and it would, consequently, not become a jelly if allowed to stand; but by adding a larger quantity of beef this result could, of course, be obtained. (This forms with us what is called beef jelly.) It should, however, be remarked that in very hot weather the beef tea cannot be made in this manner, as it would become sour, from the length of time required for its preparation.

Treatment of Phthisical Cough.

Several correspondents give their experience on this subject, in the *British Medical Journal*:—

Dr. T. F. Pearse recommends the tincture of gelsemium sempervirens in twenty-five minim doses three times a-day. He generally prescribes it with dilute phosphoric acid. If there be much expectoration, compound tincture of benzoin is often useful.

Mr. T. Garrett Horder strongly advises hydrobromic acid in doses of twenty minims. It may be given with the addition of spirits of chloroform. He has also found the inhalation of the vapor of iodine very useful in chronic cough.

Another correspondent recommends fifteen minims of hydrobromic acid and ten minims of chloric ether in a dessertspoonful of water four or five times a-day, with a pill containing a quarter of a grain of codœia three times a-day.

Mr. A. de Winter Baker (Dawlish) recommends the following formula:—

℞.	Tincturæ pruni Virginianæ,	℥j
	Glycerini,	℥ss
	Nepenthe, (Ferris and Co's.)	♏v.
	Aquæ,	q. s. M.

He generally orders it to be given when the cough is troublesome, and repeated in three or four hours, if required. In troublesome cases he also orders a double dose to be given at bedtime. He has never known it to fail to relieve cough; and it can be taken for a long period of time without disturbing the digestive organs.

CORRESPONDENCE.

Nux Vomica in the Treatment of Rheumatism, Sciatica, Dyspepsia, etc.

ED. MED. AND SURG. REPORTER:—

It has been my intention, for a long while, to send in an article on nux vomica; especially with regard to its influence on certain nervous diseases, covering quite a broad field. I have not a library of sufficient extent to study up the subject properly, and I am not at all sure that the ideas I will advance are original. The fact is, the preparations of nux vomica enter into the treatment of so many disorders, that an original thought on its use is next to impossible. However, if there is nothing original in what may be written by me, it may help some fellow practitioner out of a difficulty, and feeling this, I am emboldened to send it up. It has been suggested in paralysis, and indeed in all departures from a healthy condition of the nervous system. That the diseases I will report are of this family, I am assured; but I am not certain that nux vomica fills the place it deserves to fill in the treatment of rheumatism, sciatalgia, dyspepsia, etc.; for if it is not a specific, it is at least a remedy that may be relied on as promising more than any other remedy we possess. I will first report a case of chronic sciatalgia, and then one of dyspepsia, closing with some general remarks on rheumatism.

CASE 1.—J. S., male, aged 45, of a nervo-bilious temperament. When called to him, he gave the following history of his case. For four or five years he had suffered excruciating lumbar pains—said pains extending down the thigh to the knee, and lower at times. About five months anterior to the time of my call had become much worse, he having to use crutches to get about. About one month before I was summoned he had to discard his crutches and to remain in bed. Said he had employed doctors at various times, but they had only given him temporary relief. I placed him on a tonic, but based my treatment on ½ to 1 gr. alcoh. ext. nuc. vom. three times daily. I used a liniment of chloroform, etc., but expected little or nothing from it. I encouraged him by telling him, in a month or so he would be up, yet I really did not believe such a thing possible. After giving the solid ext. awhile, I gave the fluid ext. nuc. vom., in four to six drop doses thrice daily and strange as it may appear, he recovered rapidly, and to-day, nearly four years from my visit, he seems to be in good health, and is never troubled with his old and very persistent, as well as painful, enemy.

CASE 2.—J. W., aged 40, of a rather sanguine temperament, consulted me January 1st, 1880, with regard to marked debility, and to use his own words, "a constant spitting up of anything he would eat." I advised him to use fld. ext. nuc vom., three to five drops three times daily, until he improved, if it took six months; and in the meantime, to report to me any change there might be in the case. He went his way, and I neither saw nor heard from him until last week, eight months from the time of the prescription; and he then informed me his dyspepsia had entirely disappeared a short time after he began the use of the medicine, and it had not troubled him since. Query? Is there not a too thorough medication, as a general thing, in the treatment of dyspepsia?

In the treatment of both acute and chronic rheumatism I have used the above remedy with occasionally very happy results.

I insist, if its use is persisted in, nothing but a good result may be expected; and in my experience there is no remedy that will do half as much in a given time, the alkali and anti-alkali treatments of the different authorities to the contrary notwithstanding. J. E. STINSON, M.D.

Montague, Texas, September 14th, 1880.

A Case of Amputation at the Knee Joint, With Recovery.

ED. MED. AND SURG. REPORTER:—

Since amputation at the knee joint has been revived only within a few years, and as some appear yet to fear the consequences of attacking the larger joints, and for a still further reason, given by one of my distinguished professional brethren—"you may save some poor fellow from a suit for malpractice"—I thought it advisable to give to your readers the history of a case which, so far as I know, stands alone in this section of country.

About three o'clock in the afternoon, May 28th, Adam Snyder, a farmer, aged fifty years, while felling timber, was struck by a falling tree, and had his right leg terribly crushed. Dr. Morrison, of Donegal, was immediately sent for, and as soon as he discovered the extent of the injury, dispatched a messenger to our office, twelve miles distant, for assistance. I started as soon as possible, reaching Donegal at ten o'clock, and when we arrived at the house of Mr. Snyder, it was near midnight. It was not hard to decide that amputation was necessary, but where to amputate was the question.

Putting our patient under an anæsthetic, and making a thorough examination, I found that the soft parts were crushed, the muscles being torn into shreds, and the bones comminuted, the fractures extending even through the articular surface. We decided to operate at the joint.

I made a semilunar incision anteriorly, close to the inferior border of the patella, cut through the ligaments, disarticulated the joint, brought my knife out low down on the muscles of the calf, making a long, heavy flap.

The condyles and patella were allowed to remain, the latter fitting nicely into the space between the former, the flaps were brought together and dressed in the usual way, with stitches, adhesive strips and bandage, and healed rapidly, without any untoward symptoms, making a complete cushion over the articular surface, and forming a nicely rounded stump.

Shortly after the operation an aged "quack," of a neighboring town, wisely announced to some friends of our patient that "the stump would never heal, the man would die, and they ought to be prosecuted for malpractice;" and some few were found willing to believe him, until time proved the fallacy of his statement and exposed his ignorance.

Surely, it makes a more solid stump, as well as lessens the danger both from pyæmia and the nearer approach of the knife to the body, to amputate at the joint, than to go above.

About three weeks after the operation an abscess formed about the middle third of the thigh, which for several days discharged large quantities of pus, during which quinine and iron were freely given, but finally closed up entirely, without having had any connection whatever with the extremity of the stump, being confined to the middle third of the thigh. Had the amputation been performed above, doubtless we should have had troublesome sloughing, exposure of the bone, and perhaps re-amputation to perform. The abscess may have been accidental; but it is such an accident as might occur at any time.

There need be no hesitancy about performing this amputation, since statistics show the mortality to be less than in thigh operations.

Mt. Pleasant, Pa. ROBERT MCCONAUGHY, M.D.

NEWS AND MISCELLANY.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service. July 1, 1880, to September 30, 1880.

Bailhache, P. H., Surgeon. Relieved from temporary duty as medical officer Revenue B'k "S. P. Chase," and ordered to rejoin his station as member of the National Board of Health. August 26th, 1880. Detailed for duty as medical officer, port of Georgetown, D. C., during temporary absence of Passed Assistant Surgeon Fisher. September 17th, 1880.

Miller, T. W., Surgeon. Granted leave of absence for seven days, from July 17th, 1880. July 13th, 1880.

Gassaway, J. M., Passed Assistant Surgeon. Relieved from duty at Port Townsend, Wash. Ter., and ordered to report to Surgeon Fessenden, New York. July 7th, 1880. Granted leave of absence for thirty days from September 1st, 1880. August 9th, 1880.

Stoner, G. W., Passed Assistant Surgeon. Detailed as Recorder of Board for the physical examination of cadets of the Revenue Marine Service. July 6th, 1880.

Fisher, J. C., Passed Assistant Surgeon. To proceed to Elizabeth City and Edenton, N. C., as inspector. September 17th, 1880.

Goldsborough, C. B., Assistant Surgeon. Granted leave of absence for thirty-one days from August 26th 1880. August 13th, 1880.

Irwin, Fairfax, Assistant Surgeon. Granted leave of absence for twenty-one days from August 14th, 1880. August 2d, 1880.

Mead, F. W., Assistant Surgeon. Relieved from duty at San Francisco, Cal., and ordered to assume charge of the Service at Port Townsend, Wash. Ter. July 7th, 1880.

Cooke, H. P., Assistant Surgeon. Granted leave of absence for twenty days from November 23d, 1880. September 6th, 1880.

Guitéras, John, Assistant Surgeon. To report for temporary duty to Surgeon Sawtelle, St. Louis. July 7th, 1880. Relieved from temporary duty at St. Louis, and ordered to report to Surgeon Austin, New Orleans. September 28th, 1880.

Wheeler, W. A., Assistant Surgeon. To report for temporary duty to Surgeon Fessenden, New York, July 7th, 1880.

Benson, J. A., Assistant Surgeon. To report for temporary duty to Assistant Surgeon Goldsborough, Baltimore. July 7th, 1880.

Banks, C. E., Assistant Surgeon. To report for duty to Surgeon Hebersmith, San Francisco. July 9th, 1880.

PROMOTIONS.

Godfrey, John, Passed Assistant Surgeon. Promoted to be Passed Assistant Surgeon, from July 1st, 1880. July 6th, 1880.

Brown, F. H., Passed Assistant Surgeon. Promoted to be Passed Assistant Surgeon, from July 1st, 1880. July 6th, 1880.

APPOINTMENTS.

The following candidates having passed the examination required by the Regulations, were appointed Assistant Surgeons, July 6th, 1880: John Guitéras, of Pennsylvania; William A. Wheeler, of Indiana; John A. Benson, of New Jersey; and Charles E. Banks, of Maine.

American Public Health Association.

The American Public Health Association will hold its Eighth Annual Meeting in New Orleans, commencing Tuesday, December 7th, 1880, and ending Friday, December 10th, 1880.

Papers will be presented on Abattoirs, Epidemics, Life Insurance in its relation to the Public Health, The Storm-water Question in City Sewerage, The Sanitary Engineering Problems of the Mississippi River, The Hygiene of Emigrant Ships, The Prevention of Venereal Diseases, Voluntary Sanitary Associations, etc.

The special questions suggested for discussion at this meeting in addition to those connected with the papers above referred to, relate to methods of preventing the spread within a town or city, after they have once been introduced, of such contagious or spreading diseases as diphtheria, scarlet fever, yellow fever, measles, smallpox, etc., and are as follows:

A.—What are the best means of securing prompt and reliable information as to the presence and location of cases of such disease?

B.—What are the best means of securing isolation of the first or of single cases of such diseases, and what are the chief difficulties in securing such isolation?

C.—Under what circumstances is it proper to declare such diseases epidemic in a place?

D.—Under what circumstances is it proper to recommend the closure of schools on account of the prevalence of such diseases?

E.—What precautions should be taken at the termination of each case as to—

a.—Care and disposal of the dead?

b.—Disinfection and cleansing of the room and house?

c.—Period of time at which it is safe to allow the convalescent to return to school or society?

Brief practical papers upon any or all of these

points are earnestly requested, and it is hoped that those attending the meetings will come prepared to give the results of their experience upon the questions, and to make positive recommendations.

Gentlemen who propose to present papers at this meeting are respectfully requested to notify the President or Secretary of their intentions and of the title of their papers, in order that they may be assigned a proper place in the programme.

The president is Dr. John S. Billings; the secretary, E. H. Janes, M.D., both of Washington, D. C.

The Bogus Diploma Business in Boston.

Even the immaculate Athens of America has been shown to have a diploma selling shop in its midst. Here again the exposure of the fraud is due to the daily press, the Boston *Herald* having drawn the veil which concealed these slippery transactions. The institution bore the name of "The New England University of Arts and Sciences," and the man at the helm was Dr. Henry C. Stickney. He had lived variously at Manchester, New Haven, Stowe, Vt., and Boston, Mass.; and the diplomas were dated at all these places. The incorporation of the university was in 1875, in New Hampshire, but the bill of incorporation was repealed the next year. The diplomas were signed by William Wancock D.D., President; D. M. Smith, M.D., Secretary; H. C. Stickney, M.D., E. Edgeworth, M.D., John Thompson, LL.D., A. Simons, M.A., and H. E. Hassgood, M.D. A comparison of names with those on the diplomas presented to the Illinois State Board of Health reveals considerable similarity, though there are names on one which are not on the other. "Wancock" is substituted for "Warwick," and there is quite a shifting of initials and Christian names. Stickney's and Smith's names are prefixed alike on both diplomas. Stickney is supposed to have turned out about one hundred doctors. The price of the diplomas ranged from $100 to $145. He was also connected with a similar college in Montpelier, Vt. He acknowledges, in the main, the charges made against him.

A "Hospital Day" in Philadelphia.

Last week there was held in this city a meeting of professional and business men, to inaugurate a movement by which a permanent non-sectarian association shall be formed in this city, to be known as the Hospital Association of Philadelphia. The object shall be the developing and perpetuating the observance, by each organized religious body, of a yearly Hospital Day, leaving each church free to indicate the special application of the funds raised by it, whether to one or more institutions named, or to a common fund, to be divided among all, according to such plan as may be deemed best.

Mr. William Gulager occupied the chair, and J. A. B. Williams acted as secretary. After addresses by J. W. White, A. H. Jones, Edward H. Hance, and others, resolutions were adopted proposing an organized effort for exciting a general interest in the work of providing for the sick poor, and authorizing the appointment of a committee of ten to confer with the officers of the different hospitals in the city, with pastors of churches, and with such others as the committee may think it wise to include, as to the best method of inaugurating a general Hospital Day, and who shall be empowered to take such steps as they shall judge will best promote the success of the movement. The committee to be appointed will call a general meeting for the purpose of furthering the proposed movement.

It may be added in this connection that by the will of G. W. J. Reune, a resident of Georgia, who died in this city some months ago, provision is made that in the event of the death of his wife and children his estate shall be devoted to the erection of a hospital for incurables in Philadelphia. The property is valued at $2,000,000.

OBITUARY.

—Dr. Addison Arthurs died recently, at his residence on Grant Street, Pittsburgh. He served for a number of terms in City Councils, and was for many years a member of the Board of Health, and director of the National Bank, of which his brother is president. Deceased was about fifty years of age and leaves a widow.

MARRIAGES.

CHAMBERLAIN—HEULINGS.—On September 16th, 1880, at the residence of the bride's parents, in Moorestown, N.J., by the Rev. H. Hastings Weld, William Chamberlain, M.D., and Miss Emma J. Heulings.

EGEE—LOUX.—On the evening of the 15th inst., at the residence of the bride's parents, by the Rev. John McCron, D.D., J. B. S. Egee, M.D., and Miss Anna M. Loux, all of this city.

GILFILLAN—LADD.—At St. Ann's on the Heights, October 2d, 1880, by the Rev. P. H. Schenck, D.D., assisted by Rev. J. A. Gilfillan, William Gilfillan, M.D., and Miss Kate Ladd, all of Brooklyn.

LODER—ROSE.—On Thursday evening, September 23d, at the residence of the bride's parents, by the Rev. A. L. Loder, St. Paul, Nebraska, brother of the groom, Dr. Percival E. Loder and Hannah, eldest daughter of Benj. F. Rose, all of this city.

LOUGHRIDGE—EDWARDS.—At Danville, Ky., on Wednesday morning, September 1st., by Rev. Dr. J. Edwards, Samuel O. Loughridge, Esq., M.D., of Peoria, Ill., and Miss Effie M. Edwards, daughter of the officiating minister.

DEATHS

BARTLETT.—On September 15th, Dr. Lloyd G. Bartlett, of No. 36 West 31st. st., New York, after a lingering and painful illness, of Bright's disease, at the residence of his sister, in the City of Binghamton, N. Y.

BLAKE.—In New York, suddenly, on Monday, September 27th, John Ellis Blake, M.D., in the forty ninth year of his age.

CURRAN.—At Asbury Park, N. J., on Sunday morning, September 19th, Dr. William Curran, in the seventy-eighth year of his age.

HILL.—Suddenly, at South Norwalk, Conn., September 18th, Dr. John Hill, son-in-law of the late Col. George Middlebrook, of Wilton, Conn.

NEWTON.—At his home in Sabathu, North India, July 29th, Rev. John Newton, Jr., M.D.

SIMPSON.—In San Francisco, August 10th John H. Simpson, M. D., son of the late Rev. John Simpson, of the Maine Conference, aged thirty-seven years.